

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 27 1997 8:00am
Secretary of State

DOCUMENT # **J92977** (4)
1. Corporation Name
CALLAWAY VACUUM CLEANER SALES & SERVICE, INCORPORATED

Principal Place of Business
**221 N. TYNDALL PARKWAY
PANAMA CITY FL 32404**

Mailing Address
**221 N. TYNDALL PARKWAY
PANAMA CITY FL 32404-6433**



| | |
|--|--|
| 3. Date Incorporated or Qualified 09/15/1987 | 3a. Date of Last Report 03/11/1996 |
| 4. FEI Number 59-2842784 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

2. Principal Place of Business

21 State, Apt. #, etc.
22 City & State
23 Zip

24 Country

25

2a. Mailing Address

26 State, Apt. #, etc.
27 City & State
28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

**MICHAEL A. GASPARD GASPARD
7206 TROY ROAD
YOUNGSTOWN FL 32486**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

12.1

NAME
**PTD
SINGLETON, MORRIS DON**
STREET ADDRESS
8324 HIGHWAY 2301
CITY-ST-ZIP
YOUNGSTOWN FL

12.2 ☒ DELETE

NAME
**PTD
MICHAEL A. GASPARD**
STREET ADDRESS
7206 TROY ROAD
CITY-ST-ZIP
YOUNGSTOWN FL

12.3 ☐ DELETE

NAME
**VSD
LUANA K. GASPARD**
STREET ADDRESS
7206 TROY ROAD
CITY-ST-ZIP
YOUNGSTOWN FL

12.4 ☐ DELETE

NAME
PTD
STREET ADDRESS
8324 HIGHWAY 2301
CITY-ST-ZIP
YOUNGSTOWN FL

12.5 ☐ DELETE

NAME
PTD
STREET ADDRESS
8324 HIGHWAY 2301
CITY-ST-ZIP
YOUNGSTOWN FL

12.6 ☐ DELETE

NAME
PTD
STREET ADDRESS
8324 HIGHWAY 2301
CITY-ST-ZIP
YOUNGSTOWN FL

12.7 ☐ DELETE

NAME
PTD
STREET ADDRESS
8324 HIGHWAY 2301
CITY-ST-ZIP
YOUNGSTOWN FL

12.8 ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Michael A. Gaspard** **Michael A. Gaspard** 3/21/97 904-763-7443

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)